



ARIZONA DEPARTMENT OF EDUCATION

Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

CONTRACT MODIFICATION

Page 01 of 01 Pages

1. AGREEMENT NO.: ED06-0047	2. MODIFICATION NO.: 2	3. EFFECTIVE DATE: August 15, 2007	4. PROGRAM OFFICE: Exceptional Student Services
5. CONTRACTOR NAME AND ADDRESS: SEE ATTACHED			
6. AUTHORITY FOR MODIFICATION: Uniform Terms and Conditions, page 13, paragraph 5 A			
7. PURPOSE OF MODIFICATION: Price changes for year 2007/2008			

8. THE ABOVE REFERENCED AGREEMENT IS HEREBY MODIFIED AS FOLLOWS:

The Arizona Department of Education has received the attached requested price changes for SES private day school services from the Arizona Department of Education Contracted Providers. The Arizona Department of Education provisionally accepts these price changes pending completion of due diligence review.

9. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT/AGREEMENT NOT HERETOFORE CHANGED AND/OR MODIFIED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

ARIZONA DEPARTMENT OF EDUCATION

SIGNATURE:

TYPED NAME:

Douglas C Peeples, MBA, CPPB, CPCM

TITLE:

Procurement Administrator

DATE:

August 15, 2007

4 Success Schools, LLC

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$108.00	180	\$19,440.00
EDP: Emotional Disability/Separate Facility/Private School	\$108.00	180	\$19,440.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$108.00	180	\$19,440.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$108.00	180	\$19,440.00
MOMR: Moderate Mental Retardation	\$108.00	180	\$19,440.00
OHI: Other Health Impairment	\$108.00	180	\$19,440.00
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$108.00	180	\$19,440.00
SLI: Speech/Language Impairment	\$108.00	180	\$19,440.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	\$108.00	180	\$19,440.00
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

4 Success Schools, LLC

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$87.00
Occupational Therapy	YES	NO	\$87.00
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	Depending on student's insurance.
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	YES	YES	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Music Therapy	YES	YES	
Other: Art Therapy	YES	YES	
Other: Pet Therapy	YES	YES	
Extended School Year	NO	NO	

Check all grades for which you are approved:

- ☐ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

Academic Behavioral Alternatives

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$203	180	\$36,540/yr
EDP: Emotional Disability/Separate Facility/Private School	\$146	180	\$26,280/yr
HI: Hearing Impairment	NA	NA	NA
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$203	180	\$36,540/yr
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	NA	NA	NA
MIMR: Mild Mental Retardation	\$146	180	\$26,280/yr
MOMR: Moderate Mental Retardation	\$203	180	\$36,540/yr
OHI: Other Health Impairment	\$146	180	\$26,280/yr
OI: Orthopedic Impairment	NA	NA	NA
PMD: Preschool-Moderate Delay	NA	NA	NA
PSD: Preschool-Severe Delay	NA	NA	NA
PSL: Preschool-Speech/Language Delay	NA	NA	NA
SLD: Specific Learning Disability	\$146	180	\$26,280/yr
SLI: Speech/Language Impairment	\$146	180	\$26,280/yr
SMR: Severe Mental Retardation	\$203	180	\$36,540/yr
TBI: Traumatic Brain Injury	\$203	180	\$36,540/yr
VI: Visual Impairment	NA	NA	NA
Alternative General Education: for At-Risk students	\$146	180	\$26,280/yr

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Academic Behavioral Alternatives

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$100.00/hr.
Occupational Therapy	YES	NO	\$100.00/hr.
Physical Therapy	YES	NO	\$100.00/hr.
Audiology	NO	NO	NA
Pre-vocation/Vocational	YES	YES	Included in Tuition
Counseling/Guidance for Students	YES	NO	\$100.00/hr.
Parent Counseling and Training	YES	NO	\$100.00/hr.
Psychoeducational Assessments	YES	NO	\$100.00/hr.
Psychological Services	YES	NO	\$100.00/hr.
Recreation	YES	YES	Included in Tuition
School Health Services	NO	NO	NA
Medical	NO	NO	NA
Transportation	NO	NO	NA
Other: 1:1 Aide (>4hrs/day)	YES	NO	\$146/day
Other: 1:1 Aide (<4hrs/day)	YES	NO	\$107/day
Other:	NO	NO	NA
Extended School Year	YES	NO	\$97/day (ED) \$120/day (MD/A)

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth

ARIZONA CENTERS FOR COMPREHENSIVE EDUCATION AND LIFE-SKILLS
ACCEL

ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$193.89	180	\$34,900
EDP: Emotional Disability/Separate Facility/Private School	\$178.33	180	\$32,100
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input checked="" type="checkbox"/> VI/OI <input checked="" type="checkbox"/> VI/SLD <input checked="" type="checkbox"/> VI/ED <input checked="" type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI/MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	see attached	180	see attached
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input checked="" type="checkbox"/> SVI/SMR <input checked="" type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$185.00	180	\$33,300
MIMR: Mild Mental Retardation	\$178.33	180	\$32,100
MOMR: Moderate Mental Retardation	\$185.00	180	\$33,300
OHI: Other Health Impairment	\$171.11	180	\$30,800
OI: Orthopedic Impairment	\$171.11	180	\$30,800
PMD: Preschool-Moderate Delay	\$116.70	180	\$21,000
PSD: Preschool-Severe Delay	\$130.00	180	\$23,400
PSL: Preschool-Speech/Language Delay	\$116.70	180	\$21,000
SLD: Specific Learning Disability	\$171.11	180	\$30,800
SLI: Speech/Language Impairment	\$171.11	180	\$30,800
SMR: Severe Mental Retardation	\$171.11	180	\$30,800
TBI: Traumatic Brain Injury	\$171.11	180	\$30,800
VI: Visual Impairment	\$171.11	180	\$30,800
Alternative General Education: for At-Risk students			

If payment is made within NA calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by NA %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ARIZONA CENTERS FOR COMPREHENSIVE EDUCATION AND LIFE-SKILLS
ACCEL

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	YES	YES	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	YES	YES	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Aquatics Therapy & Music Therapy	YES	YES	
Other: Therapeutic Horseback Riding	YES	YES	
Other: 1:1 Staff	YES	NO	see attached
Extended School Year	YES	NO	see attached

Check all grades for which you are approved:

- ☒ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
☒ Seventh
☒ Eighth
☒ Ninth
☒ Tenth
☒ Eleventh
☒ Twelfth

THE ACES

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$164.00	186	\$30,504
EDP: Emotional Disability/Separate Facility/Private School	\$138.00	186	\$25,668
HI: Hearing Impairment	n/a		
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	n/a		
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	n/a		
MIMR: Mild Mental Retardation	\$138.00	186	\$25,668
MOMR: Moderate Mental Retardation	\$138.00	186	\$25,668
OHI: Other Health Impairment	\$138.00	186	\$25,668
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$138.00	186	\$25,668
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	\$138.00	186	\$25,668
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

THE ACES

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$118.00 per hr
Occupational Therapy	YES	NO	\$118.00 per hr
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$118.00
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	NO	\$198 -\$455
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	YES	NO	Varies
Other: Speech & Language Evaluation	YES	NO	\$142- \$396
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$115.00 per day

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth

Alternatives, Unlimited

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School	\$110.00	210	\$23,100
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$110.00	210	\$23,100
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$110.00	180	\$19,800

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by n/a %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Alternatives, Unlimited

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	NO	\$75.00/hour
Physical Therapy	YES	NO	\$75.00/hour
Audiology	YES	NO	\$75.00/hour
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	NO	\$100.00/hour
Psychological Services	YES	YES	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	YES	NO	\$20.00, one way/student
Other: Social Worker	YES	YES	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	YES	except alternative

Check all grades for which you are approved:

- ☐ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

Nellie P. Covert School/Arizona Children's Association

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School	\$118.00	180	\$21,240.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$118.00	180	\$21,240.00
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$118.00	180	\$21,240.00
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	\$118.00	180	\$21,240.00
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Nellie P. Covert School/Arizona Children's Association

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	NO	NO	
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	NO	NO	

Check all grades for which you are approved:

- ☐ PreSchool ☐ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

Chrysalis Academy

MAY 23 2007

ARIZONA DEPARTMENT OF EDUCATION

**ATTACHMENT 61
BEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days In Calendar	Annual Rate
A: Autism	\$143.00	214	year round Aug-July \$30,602.00
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment	\$143.00	214	year round Aug-July \$30,602.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Chrysalis Academy

**ATTACHMENT 6.1
REF SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	NO	\$75.00/hour
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	NO	\$75.00/hour
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	YES	

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☐ Ninth
 ☐ Tenth
 ☐ Eleventh
 ☐ Twelfth

DESERT CHOICE SCHOOLS

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$127.50	180	\$22,950.00
EDP: Emotional Disability/Separate Facility/Private School	\$127.50	180	\$22,950.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$127.50	180	\$22,950.00
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$127.50	180	\$22,950.00
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$150.00	180	\$27,000.00

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

DESERT CHOICE SCHOOLS

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$80.00/hr
Occupational Therapy	YES	NO	\$80.00/hr
Physical Therapy	YES	NO	\$80.00/hr
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	YES	NO	\$55.00/per 1/2 hr
Parent Counseling and Training	YES	NO	Neogitable
Psychoeducational Assessments	YES	NO	\$650.00/English
Psychological Services	YES	NO	\$55.00 per 1/2 hr
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	YES	NO	Neogitable
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$90.00 per day

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth

DESERT VOICES ORAL LEARNING CENTER

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment	\$100.56	180	\$18,100.00
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

DESERT VOICES ORAL LEARNING CENTER

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$1,000.00

Check all grades for which you are approved:

- ☒ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☐ Fourth ☐ Fifth
☐ Sixth ☐ Seventh ☐ Eighth ☐ Ninth ☐ Tenth ☐ Eleventh ☐ Twelfth

DEVEREUX SWEETWATER

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$129	180	\$23220
EDP: Emotional Disability/Separate Facility/Private School	\$129	180	\$23220
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$129	180	\$23220
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$129	180	\$23220
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$129	180	\$23220
SLI: Speech/Language Impairment	\$129	180	\$23220
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$129	180	\$23220

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

DEVEREUX SWEETWATER

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$78
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$78
Parent Counseling and Training	YES	NO	\$78
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	YES	NO	\$78/trip
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$129/day

Check all grades for which you are approved:

- ☒ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

FOUNDATION FOR BLIND CHILDREN/PRESCHOOL

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay	\$91.39	144	\$13,160 (rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
PSD: Preschool-Severe Delay	\$91.39	144	\$13,160 (rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
PSL: Preschool-Speech/Language Delay	\$91.39	144	\$13,160 (rate includes up to 6 hrs. of individualized speech, physical and occupational therapy per month).
SLD: Specific Learning Disability			

SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment	\$62.78	144	\$9,040 (rate does not include the cost for any speech, physical, or occupational therapies)
Alternative General Education: for At-Risk students			

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by n/a %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

FOUNDATION FOR BLIND CHILDREN/PRESCHOOL

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	PLEASE INDICATE	\$70.00/Hr. (if not included in the tuition rate-see Part I)
Occupational Therapy	YES	PLEASE INDICATE	\$70.00/Hr. (if not included in the tuition rate-see Part I)
Physical Therapy	YES	PLEASE INDICATE	\$70.00/Hr. (if not included in the tuition rate-see Part I)
Audiology	NO	PLEASE INDICATE	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational	NO	PLEASE INDICATE	

Assessments			
Psychological Services	NO	PLEASE INDICATE	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	PLEASE INDICATE	
Transportation	NO	PLEASE INDICATE	
Other: Independent Liiving skills as available	YES	YES	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	NO	\$180/Week for Preschool; \$235/Week for Elem./Second.

Check all grades for which you are approved:

- ☒ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☐ Third
 ☐ Fourth
 ☐ Fifth
☐ Sixth
☐ Seventh
☐ Eighth
☐ Ninth
☐ Tenth
☐ Eleventh
☐ Twelfth

FOUNDATION FOR BLIND CHILDREN/K-2

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input checked="" type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input checked="" type="checkbox"/> VI/OI <input checked="" type="checkbox"/> VI/SLD <input checked="" type="checkbox"/> VI/ED <input checked="" type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	\$131.11	180	\$23,600 (rate includes all appropriate therapies as developed by the IEP team including O&M services)
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input checked="" type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input checked="" type="checkbox"/> SVI/SMR <input checked="" type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	\$131.11	180	\$23,600 (rate includes all appropriate therapies as developed by the IEP team including O&M services)
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within n/a calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by n/a %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

FOUNDATION FOR BLIND CHILDREN/K-2

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	YES	YES	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Independent Living skills as available	YES	YES	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$235/Week

Check all grades for which you are approved:

- ☒ PreSchool ☒ Kindergarten ☒ First ☒ Second ☐ Third ☐ Fourth ☐ Fifth
☐ Sixth ☐ Seventh ☐ Eighth ☐ Ninth ☐ Tenth ☐ Eleventh ☐ Twelfth

Gateway Academy

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$250		\$45,000
EDP: Emotional Disability/Separate Facility/Private School	\$250		\$45,000
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$250		\$45,000
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$250		\$45,000
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$250		\$45,000
SLI: Speech/Language Impairment	\$250		\$45,000
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$250		\$45,000

If payment is made within 0 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Gateway Academy

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	NO	\$350/hour
Psychological Services	YES	NO	\$200/hour
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other: Equine Therapy	YES	YES	
Other: Music Therapy	YES	YES	
Other: Social Skills	YES	YES	
Extended School Year	YES	NO	

Check all grades for which you are approved:

- ☐ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$150.00	181	\$27,150.00
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input checked="" type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	\$150.00	181	\$27,150.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input checked="" type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$150.00	181	\$27,150.00
MIMR: Mild Mental Retardation	\$150.00	181	\$27,150.00
MOMR: Moderate Mental Retardation	\$150.00	181	\$27,150.00
OHI: Other Health Impairment	\$150.00	181	\$27,150.00
OI: Orthopedic Impairment	\$150.00	181	\$27,150.00
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$150.00	181	\$27,150.00
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation	\$150.00	181	\$27,150.00
TBI: Traumatic Brain Injury	\$150.00	181	\$27,150.00
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$75/hour
Occupational Therapy	YES	NO	\$75/hour
Physical Therapy	YES	NO	\$75/hour
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	YES	YES	Nursing Services
Transportation	NO	NO	
Other: Recreation Therapy	YES	NO	\$65/hour
Other: Behavioral Specialist	YES	YES	
Other: One-to-One Aide	YES	NO	\$100/day
Extended School Year	YES	YES	\$120/day

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth

HI-STAR CENTER FOR CHILDREN

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$153.00	180	\$27,540.00
EDP: Emotional Disability/Separate Facility/Private School	\$153.00	180	\$27,540.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$153.00	180	\$27,540.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$153.00	180	\$27,540.00
MOMR: Moderate Mental Retardation	\$153.00	180	\$27,540.00
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$153.00	180	\$27,540.00
SLI: Speech/Language Impairment	\$153.00	180	\$27,540.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

HI-STAR CENTER FOR CHILDREN

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$153.00 per day

Check all grades for which you are approved:

- ☐ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

Howard S. Gray Education Center

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	125.00	181	\$22,625.00
EDP: Emotional Disability/Separate Facility/Private School	125.00	181	\$22,625.00
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	125.00	181	\$22,625.00
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	125.00	181	\$22,625.00
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students	125.00	181	\$22,625.00

If payment is made within ____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Howard S. Gray Education Center

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$25.00 / 15 min. \$300.00 / evaluation
Occupational Therapy	YES	NO	\$22.50 / 15 min. \$220.00/ evaluation
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	YES	NO	\$25.00 / 15 min.
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	YES	NO	\$45.00/day for a few select districts
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$75.00/day

Check all grades for which you are approved:

- ☐ PreSchool ☐ Kindergarten ☐ First ☐ Second ☐ Third ☐ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

Life Development Institute

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$140	180	\$25,200
EDP: Emotional Disability/Separate Facility/Private School	\$140	180	\$25,200
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MIMR: Mild Mental Retardation	\$140	180	\$25,200
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$140	180	\$25,200
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$140	180	\$25,200
SLI: Speech/Language Impairment	\$140	180	\$25,200
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Life Development Institute

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	NO	NO	
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	Guidance included in rate/counseling \$75 1/2 hr
Parent Counseling and Training	YES	NO	\$75 1/2 hr
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	YES	YES	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	YES	NO	Vocational Assessments \$500 flat rate
Other:	YES	NO	Independent Living Skills Assessments \$750 flat rate
Extended School Year	YES	NO	4 week summer session \$140 per day

Check all grades for which you are approved:

- ☐ PreSchool ☐ Kindergarten ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth
☐ Sixth ☐ Seventh ☐ Eighth ☐ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

New Way Learning Academy

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	145.00	180	26,100.00
SLI: Speech/Language Impairment	145.00	180	26,100.00
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within 0 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 0 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

New Way Learning Academy

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	YES	YES	
Psychoeducational Assessments	YES	YES	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	145.00/day

Check all grades for which you are approved:

- ☐ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

Phoenix Center for Education

**ATTACHMENT 6.1
FEE SCHEDULE PART I AMENDMENT FOR FY08**

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$186.00	184	\$34224.00
EDP: Emotional Disability/Separate Facility/Private School	\$120.67	184	\$22203.28
HI: Hearing Impairment	\$120.67	184	\$22203.28
MD: Multiple Disabilities (Please check combinations served) <input checked="" type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input checked="" type="checkbox"/> VI/OI <input checked="" type="checkbox"/> VI/SLD <input checked="" type="checkbox"/> VI/ED <input checked="" type="checkbox"/> VI/MIMR <input checked="" type="checkbox"/> HI/MOMR <input checked="" type="checkbox"/> HI/OI <input checked="" type="checkbox"/> HI/SLD <input checked="" type="checkbox"/> HI/ED <input checked="" type="checkbox"/> HI,MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$120.67	184	\$22203.28
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$120.67	184	\$22203.28
MOMR: Moderate Mental Retardation	\$120.67	184	\$22203.28
OHI: Other Health Impairment	\$120.67	184	\$22203.28
OI: Orthopedic Impairment	\$120.67	184	\$22203.28
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$120.67	184	\$22203.28
SLI: Speech/Language Impairment	\$120.67	184	\$22203.28
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	\$120.67	184	\$22203.28
VI: Visual Impairment	\$120.67	184	\$22203.28
Alternative General Education: for At-Risk students	\$120.67	184	\$22203.28

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Phoenix Center for Education

**ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08**

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$47.00 per ½ hour
Occupational Therapy	YES	NO	\$47.00 per ½ hour
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	NO	\$47.00 per ½ hour
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	YES	YES	
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	YES	YES	
Transportation	YES	NO	\$47.00 per day
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Other:	PLEASE INDICATE	PLEASE INDICATE	
Extended School Year	YES	NO	\$120.67/day

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth

SOUTHWEST EDUCATION CENTER

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	162.00	180	\$29,160
EDP: Emotional Disability/Separate Facility/Private School	127.50	180	\$22,950
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	162.00	180	\$29,160
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	162.00	180	\$29,160
MOMR: Moderate Mental Retardation	162.00	180	\$29,160
OHI: Other Health Impairment	127.50	180	\$22,950
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	127.50	180	\$22,950
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation	162.00	180	\$29,160
TBI: Traumatic Brain Injury	127.50	180	\$22,950
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

SOUTHWEST EDUCATION CENTER

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	\$85 PER HR
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	YES	YES	
Recreation	NO	NO	
School Health Services	NO	NO	
Medical	NO	NO	
Transportation	YES	YES	See Attached Rate Sheet
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	Daily Rate

Check all grades for which you are approved:

- ☐ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth

Upward Foundation

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School			
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input checked="" type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input checked="" type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input checked="" type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED	\$177	183	\$32,391.00
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input checked="" type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input checked="" type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$177	183	\$32,391.00
MIMR: Mild Mental Retardation			
MOMR: Moderate Mental Retardation	\$177	183	\$32,391.00
OHI: Other Health Impairment			
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay	\$135	140	\$18,900.00
PSD: Preschool-Severe Delay	\$135	140	\$18,900.00
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability			
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury			
VI: Visual Impairment			
Alternative General Education: for At-Risk students			

If payment is made within N/A calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by N/A %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Upward Foundation

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	YES	
Occupational Therapy	YES	YES	
Physical Therapy	YES	YES	
Audiology	NO	NO	
Pre-vocation/Vocational	NO	NO	
Counseling/Guidance for Students	NO	NO	
Parent Counseling and Training	NO	NO	
Psychoeducational Assessments	NO	NO	
Psychological Services	NO	NO	
Recreation	NO	NO	
School Health Services	YES	YES	
Medical	YES	YES	
Transportation	NO	NO	
Other: Music Therapy	YES	YES	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$177/day(K-12) \$135/day(PS)

Check all grades for which you are approved:

- ☒ PreSchool ☒ Kindergarten ☒ First ☒ Second ☒ Third ☒ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

Youth Development Institute

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism			
EDP: Emotional Disability/Separate Facility/Private School	\$128.00	180	\$23,040
HI: Hearing Impairment			
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input type="checkbox"/> OI/MOMR <input type="checkbox"/> OI/SLD <input type="checkbox"/> OI/ED <input type="checkbox"/> OI/MIMR <input type="checkbox"/> MOMR/ED			
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP			
MIMR: Mild Mental Retardation	\$128.00	180	\$23,040
MOMR: Moderate Mental Retardation			
OHI: Other Health Impairment	\$128.00	180	\$23,040
OI: Orthopedic Impairment			
PMD: Preschool-Moderate Delay			
PSD: Preschool-Severe Delay			
PSL: Preschool-Speech/Language Delay			
SLD: Specific Learning Disability	\$128.00	180	\$23,040
SLI: Speech/Language Impairment			
SMR: Severe Mental Retardation			
TBI: Traumatic Brain Injury	\$128.00	180	\$23,040
VI: Visual Impairment			
Alternative General Education: for At-Risk students	\$128.00	180	\$23,040

If payment is made within 5 calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by 3 %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

Yuth Development Institute

ATTACHMENT 6.1 FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	YES	NO	
Occupational Therapy	NO	NO	
Physical Therapy	NO	NO	
Audiology	NO	NO	
Pre-vocation/Vocational	YES	YES	
Counseling/Guidance for Students	YES	YES	
Parent Counseling and Training	YES	NO	\$65/hr.
Psychoeducational Assessments	YES	NO	\$75/hr.
Psychological Services	YES	NO	\$65/hr.
Recreation	YES	YES	
School Health Services	YES	YES	
Medical	NO	NO	
Transportation	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Other:	NO	NO	
Extended School Year	YES	NO	\$128x30dys=\$3,840

Check all grades for which you are approved:

- ☐ PreSchool ☐ Kindergarten ☐ First ☐ Second ☐ Third ☐ Fourth ☒ Fifth
☒ Sixth ☒ Seventh ☒ Eighth ☒ Ninth ☒ Tenth ☒ Eleventh ☒ Twelfth

The Children's Center for Neurodevelopmental Studies

ATTACHMENT 6.1 FEE SCHEDULE PART I AMENDMENT FOR FY08

Please complete for each category you are approved to serve:

Disability Category	Daily Rate	Days in Calendar	Annual Rate
A: Autism	\$174. ⁰⁰	180	\$31,320
EDP: Emotional Disability/Separate Facility/Private School	\$174. ⁰⁰	180	\$31,320
HI: Hearing Impairment	N/A	N/A	N/A
MD: Multiple Disabilities (Please check combinations served) <input type="checkbox"/> VI/HI <input type="checkbox"/> VI/MOMR <input type="checkbox"/> VI/OI <input type="checkbox"/> VI/SLD <input type="checkbox"/> VI/ED <input type="checkbox"/> VI/MIMR <input type="checkbox"/> HI/MOMR <input type="checkbox"/> HI/OI <input type="checkbox"/> HI/SLD <input type="checkbox"/> HI/ED <input type="checkbox"/> HI,MIMR <input checked="" type="checkbox"/> OI/MOMR <input checked="" type="checkbox"/> OI/SLD <input checked="" type="checkbox"/> OI/ED <input checked="" type="checkbox"/> OI/MIMR <input checked="" type="checkbox"/> MOMR/ED	\$174. ⁰⁰	180	\$31,320
MD-SSI: Multiple Disabilities/Severe Sensory Impairment (Please check combinations served) <input type="checkbox"/> SVI/SHI <input type="checkbox"/> SVI/MOMR <input type="checkbox"/> SVI/SMR <input type="checkbox"/> SVI/EDP <input type="checkbox"/> SHI/MOMR <input type="checkbox"/> SHI/SMR <input type="checkbox"/> SHI/EDP	\$174. ⁰⁰	180	\$31,320
MIMR: Mild Mental Retardation	\$174. ⁰⁰	180	\$31,320
MOMR: Moderate Mental Retardation	\$174. ⁰⁰	180	\$31,320
OHI: Other Health Impairment	\$174. ⁰⁰	180	\$31,320
OI: Orthopedic Impairment	\$174. ⁰⁰	180	\$31,320
PMD: Preschool-Moderate Delay	\$139. ⁰⁰	180	\$25,020
PSD: Preschool-Severe Delay	\$139. ⁰⁰	180	\$25,020
PSL: Preschool-Speech/Language Delay	\$139. ⁰⁰	180	\$25,020
SLD: Specific Learning Disability	\$174. ⁰⁰	180	\$31,320
SLI: Speech/Language Impairment	N/A	N/A	N/A
SMR: Severe Mental Retardation	\$174. ⁰⁰	180	\$31,320
TBI: Traumatic Brain Injury	N/A	N/A	N/A
VI: Visual Impairment	N/A	N/A	N/A
Alternative General Education: for At-Risk students			

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by ____ %. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

TYPE SCHOOL/FACILITY NAME HERE

ATTACHMENT 6.1
FEE SCHEDULE PART II AMENDMENT FOR FY08

Please complete entire form :

Related Services	Available?	Included in Daily Rate?	Rate/unit (if not included)
Speech/Language Therapy	Y	Y	
Occupational Therapy	Y	Y	
Physical Therapy	N	N	
Audiology	N	N	
Pre-vocation/Vocational	Y	Y	
Counseling/Guidance for Students	N	N	
Parent Counseling and Training	N	N	
Psychoeducational Assessments	N	N	
Psychological Services	N	N	
Recreation	Y	Y	
School Health Services	N	N	
Medical	N	N	
Transportation	N	N	
Other: Horse back	Y	Y	
Other: Horticulture	Y	Y	
Other: Music	Y	Y	
Extended School Year	Y	N	\$174. ⁰⁰ per day
One on One Aide	Y	N	\$ 15. ⁰⁰ per hour

Check all grades for which you are approved:

- ☒ PreSchool
 ☒ Kindergarten
 ☒ First
 ☒ Second
 ☒ Third
 ☒ Fourth
 ☒ Fifth
☒ Sixth
 ☒ Seventh
 ☒ Eighth
 ☒ Ninth
 ☒ Tenth
 ☒ Eleventh
 ☒ Twelfth